Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/17/2010</u>	Address:	C.R. 39 near S.R. 120	
Case #:	<u>24-31403</u>		Middlebury, In	
County:	<u>Elkhart</u>			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Residence Hotel/Motel			check all that apply) Hotel/Motel	
= -	al/Glassware/Equipment (only)	Outbuilding Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): off side of road				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Yes _	er age 18 discovered (check one) (number present)		<u>e Information</u> e/Pseudoephedrine Tracking Log	
≥ No	Child Don't dies Gamine		erchant Tip	
	port to Child Protective Services	☑ Other:		
This report is to be faxed to the following agencies that serve the location:				
Fire Depart	ment: Middlebury Fire	Fax: <u>574-8</u>		
Health Department: Elkhart Co.		Fax: <u>(574)</u> Fax:		
Child Prote	ction Service: <u>N/A</u>			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.